

09-09-1999



101138868

RECORDATION FORM COVER SHEET
TRADEMARKS ONLY

9-7-99

9-7-99

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type

- ☒ New
- ☐ Resubmission (Non-Recordation)
Document ID #
- ☐ Correction of PTO Error
Reel # Frame #
- ☐ Corrective Document
Reel # Frame #

Conveyance Type

- ☐ Assignment ☐ License
- ☐ Security Agreement ☐ Nunc Pro Tunc Assignment
- ☐ Merger
- ☐ Change of Name
- ☒ Other RELEASE OF LIEN & REASSIGNMENT OF TRADEMARK
- Effective Date
Month Day Year
08 09 99

Conveying Party

- ☐ Mark if additional names of conveying parties attached
- Name Execution Date
Month Day Year
08 09 99

Formerly

- ☐ Individual ☐ General Partnership ☐ Limited Partnership ☐ Corporation ☐ Association
- ☒ Other
- ☐ Citizenship/State of Incorporation/Organization

Receiving Party

- ☐ Mark if additional names of receiving parties attached

- Name
- DBA/AKA/TA
- Composed of
- Address (line 1)
- Address (line 2)
- Address (line 3)
City State/Country Zip Code
- ☐ Individual ☐ General Partnership ☐ Limited Partnership ☐ If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)
- ☒ Corporation ☐ Association
- ☐ Other
- ☒ Citizenship/State of Incorporation/Organization

09/08/1999 JSHABAZZ 00000027 1078057

FOR OFFICE USE ONLY

01 FC:481
02 FC:482

40.00 DP
25.00 DP

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to:
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

REEL: 001955 FRAME: 0291

Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Correspondent Name and Address

Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Pages

Enter the total number of pages of the attached conveyance document including any attachments.

#

Trademark Application Number(s) or Registration Number(s)

☐ Mark if additional numbers attached

Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

Trademark Application Number(s)

Registration Number(s)

| | | | | | |
|----------------------|----------------------|----------------------|--|--|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="1,078,057"/> | <input type="text" value="1,809,792"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Number of Properties

Enter the total number of properties involved.

#

Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41):

\$

Method of Payment:

Enclosed ☒

Deposit Account ☐

Deposit Account

(Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number:

#

Authorization to charge additional fees:

Yes ☐

No ☐

Statement and Signature

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Charges to deposit account are authorized, as indicated herein.

WESTAFF (USA), INC.

By: BONNIE A. McDONALD

Name of Person Signing

Bonnie A. McDonald

Signature

August 31, 1999

Date Signed

RELEASE AND REASSIGNMENT OF TRADEMARKS

THIS RELEASE AND REASSIGNMENT, dated August 9, 1999, is given by BANK OF AMERICA, N.A. (formerly known as Bank of America National Trust and Savings Association), as collateral agent for the Banks ("Agent").

W I T N E S S E T H:

WHEREAS, Agent and Westaff, Inc. (formerly known as Western Temporary Services, Inc.) ("Borrower") are parties to a certain Trademark and Servicemark Collateral Assignment and Agreement dated as of May 31, 1994 (the "Security Agreement"), pursuant to which the Borrower granted a security interest to Agent in certain trademarks listed on Exhibit "A" attached hereto (the "Trademarks") and certain other property as security for the Obligations (as defined in the Security Agreement);

WHEREAS, the Security Agreement was recorded in the Assignment Branch of the U.S. Patent and Trademark Office on July 6, 1994, on Reel 1181, Frames 0201-0212;

WHEREAS, the Borrower has requested that Agent release its security interest in the Trademarks and reassign the same to Borrower or any other party legally entitled thereto;

NOW, THEREFORE, for good and valuable consideration, receipt and sufficiency of which are hereby acknowledged, Agent hereby releases its security interest in, and reassigns, grants and conveys to Borrower or any other party legally entitled thereto, without any representation, warranty, recourse or undertaking by Agent, all of its right, title and interest, if any, in and to the Trademarks.

IN WITNESS WHEREOF, Agent has caused this Release and Reassignment to be duly executed by its duly authorized officer as of the day and year first above written.

BANK OF AMERICA, N.A. (formerly known as Bank of America National Trust and Savings Association), as Collateral Agent

By 

David Price
Vice President

ACKNOWLEDGEMENT

State of California)
County of San Francisco)

On 8/12/99, before me, KENNETH DEAN PHIPPS personally
appeared DAVID PRICE, personally known to me (or proved to
me on the basis of satisfactory evidence) to be the person(~~s~~) whose name(~~s~~)
is/~~are~~ subscribed to the within instrument and acknowledged to me that
he/~~she~~/~~they~~ executed the same in his/~~her~~/~~their~~ authorized capacity(~~ies~~), and
that by his/~~her~~/~~their~~ signature(~~s~~) on the instrument the person(~~s~~), or the
entity upon behalf of which the person(~~s~~) acted, executed the instrument.

WITNESS my hand and official seal.

Signature 

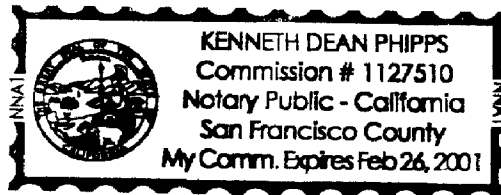


EXHIBIT A

WESTERN MEDICAL SERVICES, INC.

TRADEMARKS AND SERVICE MARKS

| <u>State or Country</u> | <u>Application or Registration No.</u> | <u>Filing Date</u> | <u>Service Mark</u> |
|-----------------------------|--|--------------------|--|
| U.S.A. | 1,078,057 | 11/22/77 | Western Medical Services (Class 35) |
| U.S.A. | 1,809,792 | 12/07/93 | Western Medical Services (Class 42 - home health care services) |